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\*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4088

SERIAL NUMBER 10/637,210	FILING DATE 08/08/2003  RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 63049.000070
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APPLICANTS

Ronald D. Blum, Roanoke, VA;

William Kokonaski, Gig Harbor, WA;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/402,357 08/09/2002  
and claims benefit of 60/403,096 08/13/2002  
and is a CIP of 10/281,204 10/28/2002  
and is a CIP of 10/422,128 04/24/2003  
and is a CIP of 10/387,143 03/12/2003  
and is a CIP of 10/046,244 01/16/2002  
and said 10/422,128 04/24/2003  
claims benefit of 60/375,028 04/25/2002  
and said 10/387,143 03/12/2003  
claims benefit of 60/363,549 03/13/2002  
and claims benefit of 60/401,700 08/07/2002  
and said 10/046,244 01/16/2002  
claims benefit of 60/261,805 01/17/2001  
and claims benefit of 60/331,419 11/15/2001  
and claims benefit of 60/326,991 10/05/2001  
and is a CIP of 09/602,013 06/23/2000 PAT 6,619,799  
which claims benefit of 60/142,053 07/02/1999  
and claims benefit of 60/143,626 07/14/1999  
and claims benefit of 60/147,813 08/10/1999  
and claims benefit of 60/150,545 08/25/1999  
and claims benefit of 60/150,564 08/25/1999  
and claims benefit of 60/161,363 10/26/1999

*10/263,782 10/04,2002 4*  
*98*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 11/06/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature: _____ Initials: _____	STATE OR COUNTRY VA	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
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Acknowledged	Examiner's Signature	Initials	VA	4	25	2
<b>ADDRESS</b> J. Michael Martinez de Andino HUNTON & WILLIAMS Riverfront Plaza, East Tower 951 East Byrd Street Richmond , VA 23219-4074						
<b>TITLE</b> Electro-active contact lens system						
<b>FILING FEE</b>  <b>RECEIVED</b> 1554	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		